

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

0	SERIAL NO. 0/936952	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	2					
TOTAL DEP.	23	↔	↔	↔	↔	
TOTAL CLAIMS	25	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS